Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) A. COUNTY Page **b.** COUNTY Somerset Marvland MARYLAND b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cristield Lifetime Crisfield Marvaand d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS -McCready Memo. Hosp. (D.O. Al Street Tyler may be retained 2-mith the State NAME OF Middla 4. DATE vuid be executed within 24 hours after death. If an in pencil in tem 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be relabourial-transit permit. File pages 1 and Awith the Si DECEASED (Type or print) ALVIN AMES DEATH Oct. ours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months Male Negro WIDOWED [ 1961 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retired) Maryland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Cole Dorthelia Ames 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17, INFORMANT Addrass (Yes, no, or unkown) | (ifyesgive werordates of service) Crisfield, Dorthelia Ames No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ease execute the cartificate, writing the word "bending" in pencil in I should be forwarded to the Chief Medical Examiner's Office along **FUNERAL DIRECTOR**: Page 3 should be used as a burial-trensit its designated agent, prior to burial, cremation, or removal, and in PART I, DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 19, WAS AUTOPSY CERTIFICATION 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part | or Part || of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d, INJURY OCCURRED 1 20s, PLACE OF INJURY (Home, form, 1 20f., (City or town) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry X death resulted from: Natural causes X. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO EXAMINER'S G. Rawley. M. NAME (Typa) Address (Street, city, town, or county) DEP 22c. NAME OF CEMETERY OR CREMATORY 228, BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 40 ㅎ Burial Asbury Cemeterv FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME -Home, Crisfield, Md. DAMET 2 6 '61 5M 7/59

4 XV5

MARYLAND STATE DEPARTMENT OF HEALTH

Somerset

Days

USA

(County)

e. IS RESIDENCE ON A FARM?

YES NO TO

Yaar

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

days

PERFORMED? NO [

(State)

and in my opinion

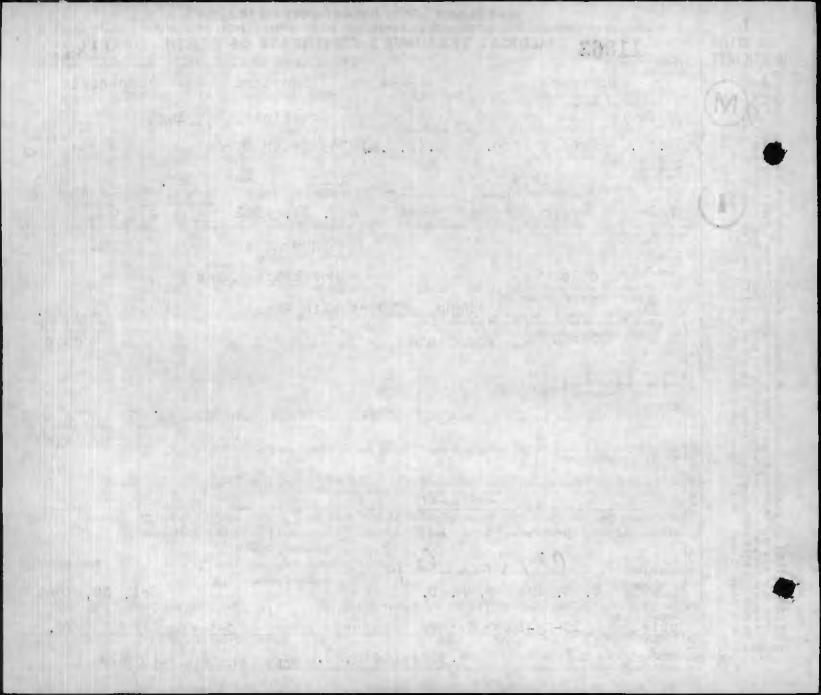
DATE SIGNED

1961

(Stale)

Md.

IF UNDER 24 HRS.

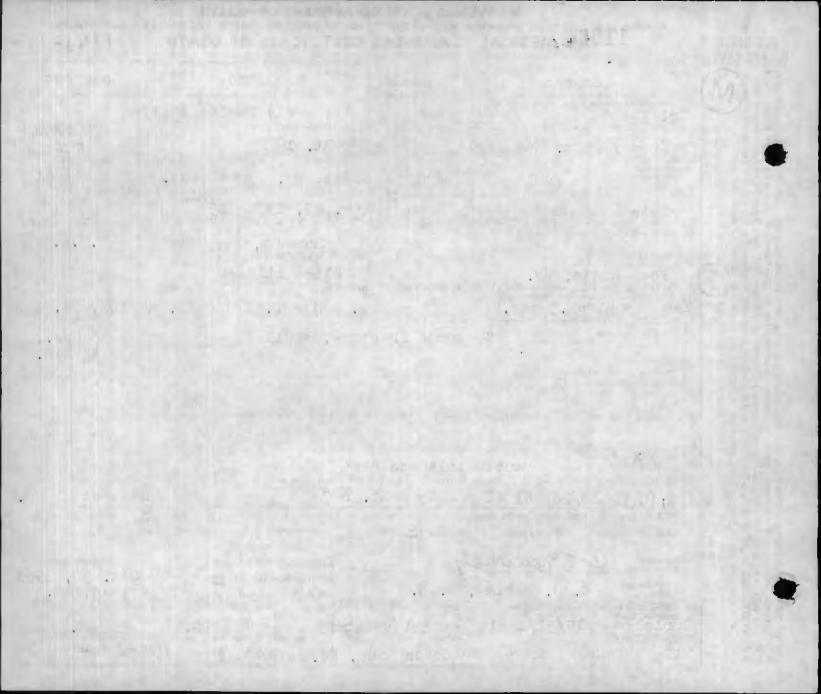


## FOR STATE TO DEM. "MEDICAL EXAMINER: This certificate should be executed within 24 hours efter death. If we are director. Page please execute the certificate, writing the word "pendiral" in gent 18. Give Pages 1, 2, and 3 to the read director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR Page 3 should be used as a burlel-transit permit. File pages 1 and 2 with the State Board of Haalth, or its designated agent, prior to burial, gramation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1104 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11848

		and the state of
1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence bafora admission
Somerset MARYLAND	a. STATE Maryland b. COUNTY S	Somerset
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)
write RURAL and give nearest town)	X (Rural) Marion Station	
Crisfield None  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	Ad. STREET ADDRESS	10 DECIDENCE
d. NAME OF HOSPITAL OK INSTITUTION (IT not In hospital, give street address)		IS RESIDENCE     ON A FARM?
McCready Memo. Hospital	Rt. 1	YES NO
3. NAME OF First Middle DECEASED	Lest 4. DATE Month	Day Year
		3th 1961
		EAR   IF UNDER 24 HRS.
	B. DATE OF BIRTH Mar. 27, 1938  9. AGE (In yeers   F UNDER 1 Y Months   D	eys Hours Min.
100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTI	RY   11. BIRTHPLACE (State or foreign country)   12. CITIZ	EN OF WHAT COUNTRY
done during most of working life, even if retired)		
50 PARISTRE STATE	Fairmount, Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Paul Ardis, Sr.	Alice Lillier	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (Ifyesgivewar ordates of service)	INFORMANT Address	
	cs. Alice L. Briddell, Mario	on Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)	Of Prince of Prince of Prince of	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Compound frac	ture, skull	5 hrs.,
	14 14	
DUE TO	55 min.	
Conditions, if any, which (b)		
(a), steting the underlying DUETO		
ceuse lesi. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(e) 19. WAS AUTOPSY
5		YES NO X
20a. EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED. (	(Enter neture of Injury in Part I or Part II of Item 18.)	
CAUSE OF DEATH. Automobile accid	lent	
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Homa, farm,   20f. (City or lown) (Count	y) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20c. PL/ While Noi While at work At work RE	story, storet, office bldg., etc.)	erset Md
21. I certify that I took charge of the remains described above, he		and in my opinion
		and in my opinion
death resulted from: Natural causes, Accident, Suic		
000	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE COPY andly.	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S OF OF DOWN		30, 196
NAME (Type) U. G. REWLEY, M. D.		eld, Md.
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country)	(State)
Burial 10/31/1961 Baptist Cer	metery Rehobeth.	Ma
23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR   24b. REGISTRAR'S SIG	NATURE
Wilson Funeral Home Princess Ann	ne. Md DATE NOV 1 '61 Chilling &.	Kines
TI THOUSE WILL	TO, TAC DATE INT.	



REDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any

5M 9/55

PLACE OF E b. CITY OR

d. NAME OF

NAME OF DECEASED (Type or pri

> Candition gave rise (a), statin cause las PAR

20g, EXTER PRIMARY [ CAUSE OF 20c. TIME Haur 21. I ce

ACTUAL

CERTIFICATION

5. SEX Male 10a. USUAL O during most Seaf 13. FATHER'S Wil 15. WAS DECE No 18. CAUSE PAR

EATH			L EXAMI		2. USUAL RESIDENCE			ution: Resid	lence bel	fore admi	ssion)
	Somerset		MA	RYLAND	o. STATE Mar	yland	b. COUN	Y Son	ner	set	
OWN (I	f outside corporate limits, w	Ne RURAL	c. LENGTH OF ST	AY IN 16	c, CITY OR TOWN	(If outside cor	porate limits, write	RURAL on	d give n	earest to	wn)
lura	1) Mario	n	Lifeti	.me	(Rural) Marion						
HOSPIT	TAL OR INSTITUTION	(If not in hos	pital, give street add	Iress)	d. STREET ADDRES	S				ON	A FARM?
		int	Middle		Limit	4. DATE	Mon	h	Day	Y	ear
nt)	Will	iam	Henry	-	Byrd, Jr	DEATH	Oc	t.	13	1	961
	6. COLOR OR RAC	7. MARRII WIDOWEI	_	-	Apr. 11,	1906	9. AGE (In years lost birthday) 55 yrs.	Months	Days	Hours	ER 24 HRS. Min.
CUPATION OF WORKING	ON (Give kind of worning life, even if retired WORKER	done 10b. 1	Seafood		Mario		ryland	12. CI		S.A	COUNTRY
LAME					14. MOTHER'S MAIDE	N NAME					
lia	m Henry	Byrd,	Sr.		Addie	Miles					
ASED EV	ER IN U. S. ARMED F (Il yes, give wer or doles		SOCIAL SECURITY N 4-16-430		FORMANT s. Henrie	tta A	Address nderson		ario	on,	Ma.
	TH [Enter only one o	use per line	for (o), (b), and (c).]						INTER	YAL BETWE	EN
	THE WAS CALLSED OV.	o)	Coronary	occ.	lusion				1	hr	S .
	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (										
	IMMEDIATE CAUSE (	>									
O. /	IMMEDIATE CAUSE (  DUE TO	b)									
O. /	DUE TO	b)				264-44					
O. / s. if a la immed g the	DUE To diote couse (	b)	INTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GI	VEN IN PAI		9. WAS / PERFO YES []	AUTOPSY RMED?
TI. DEAT	DUE TO DUE TO Iny. which diote couse underlying  HER SIGNIFICANT CO  USE WAS NTRIBUTING	o)on			OT RELATED TO THE TEI			VEN IN PAI		PERFO	RMED?

death resulted from: Natural causes [ ], Accident [ ], Suicide [ ], Homicide [ ], Undetermined cause [ Cerkanley DATE SIGNED M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Oct. EXAMINER'S NAME (Type) C. G. Rawley, M. D. DEPUTY MEDICAL EXAMINER K Crisfield 220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL 10/16/67 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) 10/16/61 Wesley Cemetery
ADDRESS Marion 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kraus

Chas. H. Ward Funeral Home, Marion, Md.

HTATO TO STADILITIZE & SELIMINATE JULIED AND THE TICA ALL VIIIIE DE RESERVA

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11866 CERTIFICATE OF DEATH

11850

	m = 0 11 0				Reg. Dist. No.
	merset	MARYLAND	O STATE W.	here deceased lived. If institution b. COUNTY	
b. CITY OR TOWN RUPAL and give	(If outside corporate limits, nearest town)	ville c. LENGTH OF STAY IN 16	Princess	autside carporate limits, write RU Anne	URAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO Q
3. NAME OF DECEASED (Type or print)	Clarence (I	Buddy) Fe	Lost	4. DATE Moni	
5. SEX Male	hatta di de acces	MARRIED NEVER MARRIED	B. DATE OF BIRTH  Oct. 3, 18	. Out but helmel	IF UNDER I YEAR IF UNDER 24 HI Months Days Hours Min
during most of wo	rking life, even if retired)	Carpentry	Blackbir		12. CITIZEN OF WHAT COUNTY
13. FATHER'S NAME  James Ps	rrow		14. MOTHER'S MAIDEN I		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES		INFORMANT Liss Clara F	arrow, Prince	
Conditions, if gave rise to case (a), stating lying cause lost	the under-	Prostatot	JT NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIVI	EN IN PART I(a) 19. WAS AUTOPPERFORMED? YES NO.
OR CONTRIBUTION	VAS UNDERLYING   20 G   CAUSE OF DEATH Y MEDICAL EXAMINER)	6. DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in	Part I or Part II of item 18.]	1.3 [] 1.0 8
20c, TIME OF INJU	10	20d. INJURY OCCURRED While Not while of work at work	PLACE OF INJURY (Hame, form factory, street, affice bldg., etc	n, 20f. (City or town)	(County) (Sta
actual signature	Sldon G. Ma	1261, and that deat	2:-	ADDRESS (Street, city or town, s	0
229. BURIAL, CREMATI BREMOVAL (Specif	On. 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. ŁOCATION (City, tawn, a	
23. FUNERAL DIRECTO		Princes and	240. REC		STRAR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 Ped by the haspital or attending physician.

The by the haspital or attending physician and completely filled a present this certificate has been signed by the attending physician and completely filled a present this certificate has been signed by the attending physician and completely filled a present the property of the property o page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. the registror prior to burial, cremation, or remayal, and in any event within 72 hours after death. TO HOSPITA TO FUNERA

VS A15 (4) 15M 9/SS

by the funeral director, and 2 should be filed with

Sering and Alan Alan Value and Antonies Campanam (Smady) Senter Co. 17. LT 16457 E 201 E 201 E 201 E nadan mad Elegantes national designation of the Contract DOSPINE GRADE line nandustan-Pice Clare Parent Parent Calaba Land, No. 1.6 THE RESERVE TO SELECTION OF THE PARTY OF THE Hamming I Libert I Controlled Logical and a construction of the state of t

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director 2. USUAL RESIDENCE (Where deceased lived. PLACE OF DEATH If institution: Residence before admission p. COUNTY o. STATE b. COUNTY SOMERSET MARYLAND funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be RURAL and give nearest town) URISFIELD CRISFIELD d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS OR INSTITUTION MCCREADY MEMORIALHOSP 132 4TH STREET NAME OF DECEASED First Middle Last 4. DATE Month HENRY DEATH OCTOBER Poges death. (Type or print) KANE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED efely SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR! IF UNDER 24 HRS. Months NEGRO DIVORCED WIDOWED X comple 6 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? RIGN SSEA FOOD WOA 13. FATHER'S NAME 17 INFORMAN 16. SOCIAL SECURITY NO. attendin 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the DUE TO oval, Conditions, if onv. which signed gove rise to immediate EREBRAL per DUE TO couse (a), stating the underlying cause lost. physician. burial-transit ö has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY cremati affending 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) lo l Ö PLACE OF INJURY (Home, form, 20f. (City or town por Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) o. m While Not while D of work 0 p. m. of work 21. I certify that (1) (this haspital) attended the deceased from I #5 for the causes and an the date stated above. saw the deceased alive an , and that death accurred at DIRECTOR 22o. SIGNATURE ATTENDING STAFF PHYS. PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BARR. CRISFIELD. MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, page REMOVAL (Specify) 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO L

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if Institution: Residence before admission) Page or. Page files. f Health, a. COUNTY **b.** COUNTY Maryland Somerset MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CfTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give naarast town) ö RFD Crisfield Lifetime RFD, Crisfield d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 8 retained he State death. 3. NAME OF Middla 4. DATE Month DECEASED OF the (Type or print) B. Lawson DEATH George Oct. with th 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 19. AGE I'm years HE UNDER 1 YEAR IF UNDER 24 HRS. 2 wit age 5 may 1 and 2 wii 72 hours last birthday) | Months | Male WIDOWED [ DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 18. Give Pages 1, 2, form PM3. Page : 12. CITIZEN OF WHAT COUNTRY? done during most of working fife, evan if retired) Grocery Marvland Merchant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James P. Lawson Melissa Sterling 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyasgiva war or dates of service) Yes long with Mrs. Herman Riggin, RFD. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Cerebral hemorrhage IMMEDIATE CAUSE (a) Office al DUE TO removal Conditions, if any, which "pending" gave rise to immediate cause f6 Medical Examiner's DUE TO (a), stating the underlying 80 ö cause fast. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.9) 19. WAS AUTOPSY 99 execute the certificate, writing the word id be forwarded to the Chief Medical EXERAL DIRECTOR: Rage 3 should be 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW (NURY OCCURED, (Enter nature of injury in Part | or Part |) of them 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year fectory, street, office bldg., etc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🔀 Inquiry (3x) agent, death resulted from: Natural causes X. Accident Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER concurer ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE Oct. DEPUTY MEDICAL EXAMINER DE EXAMINER'S C. G. Rawley, M. D. NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 54 D Amer. egion Cemitival Crisfield 24s, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME wally of though

MARYLAND STATE DEPARTMENT OF HEALTH

Somerset

24

(County)

USA

. IS RESIDENCE

YES NO TO

19 67

Year

Crisfield, Md

INTERVAL BETWEEN ONSET AND DEATH

hrs.

PERFORMED?

and in my opinion

DATE SIGNED

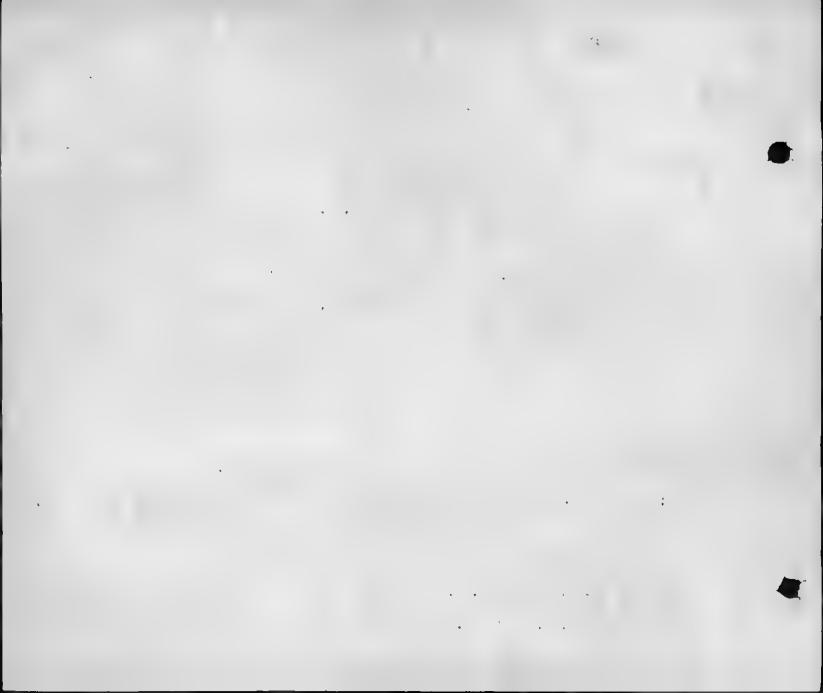
NO

ON A FARM?



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before e. COUNTY ral director. Page d for your files. Board of Health, b. COUNTY Somerset Maryland Somerset MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete | m'ts, write RURAL end give neerest town) write RURAL and give neerest town) 16 years Marion Marion d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? retained he State B RFD RFD 3 NAME OF Etrst Middle 4. DATE DECEASED the LOUISE TEE (Type or print) MORRISON DEATH October 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 10st b rthdey) Months White Feb. 2, 1905 Female WIDOWED DIVORCED Page 5 is 1 and 2 h 10a. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Baltimore. Maryland USA Own home pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Morrison Mary Watters 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we rordetes of service) Gerald A. Lee, RFD, Marion, Maryland No 18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (\*) Conflagration Office DUE TO burial Conditions, if eny, which geve rise to immediate ceuse Examiner's 6 used as a l DUE TO (e), stelling the underlying should be used ial, cremation, PART II. OTHER S GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? NO 2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enjer neture of injury in Pert I or Pert II of item 18.) Body was found in ashes of Month, Day, Yeer | 2Dd. INJURY OCCURRED 2200. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) should be forwarded to the Chi Oct. 2<sub>19</sub> 61 | White | Not White | Rectory, street, office bldg., etc.) Marion Somerset Md 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X. and in my opinion Accident X. death resulted from. Natural causes , Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 10/3/61 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER C. G. Rawley, M. D. Address (Street, city, town, or county) Crisfield, Maryland lease exe NAME (Type) DEP T 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 226, BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) St. Paul's Episcopal Marion, Maryland 40 8 Burial Oct. 4, 1961 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Bradshaw & Sons, Crisfield, Maryland DATOCT 5 circles & though 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE EALTH DEPT. ). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admiss on) COUNTY Pennsylvania b. COUNTY files. Heolth, Semerset MARYLAND b. CITY OR TOWN (If outside corporate I mils, with RUPAL c LENGTH OF STAY IN 16 c. CfTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Philadelphia 41, Pennsylvania ö Princess Anne ъ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 5022 Sydenham St 3. NAME OF Middle 4. DATE DECEASED Bernard J. Maguire October DEATH (Type or print) 9. AGE fin years 6. COLOR OF RACE 7 MARRIED NEVER MARRIED 1 B DATE OF BIRTH IF UNDER TYEAR Manths April 29,1909 male white WIDOWED | DIYORCED T 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (Stote or foreign country) dur no most of working life, even if retired) Sales Representative Grayhound Lines Pennsylvani Pennsylvania 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Bernard Maguire Annie Kane 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addr 5022 Sydenham St (If yes give war or dates of service) Mrs. Catherine Maguire; Phila. 41, Pa 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Acute Coronary Occulsion IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause **DUE TO** (o), stoling the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f, (City or town) factory, street, affice bldg, etc.) Hour o. m. Not while at work of wark p. m. 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection A Accident . Suicide . Hamicide . Undetermined manner apinion death resulted from: Natural causes 4. Centific forwa DIREC ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE H. Johnson, M.D. DEPUTY MEDICAL EXAMINER Princess Anne. Maryland NAME (Type) FUN 220. BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify)

Holy Sepulchre

Princess Anne,

ADDRESS

Rea. Dist. No.

Philadelphia

e IS REJIDENCE

ON A FARM

YES NO

1961

Min.

IF UNDER 24 HRS

Hours

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO DI

(Stale)

and in my

DATE SIGNED

(State)

10/11/61

sudden

U.S.

(County)

Inquiry 17

Montgomery Co., Pa.

246, REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

40 VS. A15ME 5M 2/57

Durial

THUNERAL DIRECTOR'S SIGNATURE



11055

by the funeral director,	Pages 1 and 2 should be filed with	(
oletely filled	Pages 1 ond	er death.
Ľ.	on papers.	72 hours of
g physician	remave cark	vent within
the attendin	Then please	n, or removal, and in any event within 72 hours
signed by	it permit	r removal, c
is certificate has been signed by the attending physician and can	use as the burial-transit permit. Then please remave carbon papers. Po	emotio
is certific	use as the	to burial, a

Page 4		director,	iled with	(
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24 1/20 0		lled ( Sy 1	2 1 ond 2	
cuted within		ampletely fi	apers. Pag	irs offer dec
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eath certific		ending phys	lease remay	any event w
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TO HOSPIT OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 has, ofter death. Page 4	ysician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled you're tuneral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with	the State Board of Health prior to burial, cremotion, or removal, and in any event within 72 hours offer death.
CIAN: The	Mending pl	rlificate has	is the buria	rial, aremoti
ING PHYS	may be see ed by the haspital ar attending physician.	After this cer	ed far use a	prior to bu
OR ATTEND	ed by the h	(RECTOR: /	i be detach	d of Health
	š	AL D	haulc	Boar
TO HOSP	may be	TO FUNER	page 3 s	the State

VR A1S (4) 15M 9/59

	11	.811		CERTI	FICAT	E OF DEAT	TH			5	3.40	10
ì.	PLACE OF DEATH	MERSET		MAR	YLAND	USUAL RESIDENCE	(Where d	l. l.	If institutions	Residence (	pefore admi	ssian)
	b. CITY OR TOWN (IF RURAL and give nec	outside carporote fimi prest town) LISFIELD	ls, write	c. LENGTH OF STAY	(IN 1b	CITY OR TOWN	(If outside		nits, write RUR	AL ond give	nearest tax	vn)
E	d NAME OF HOSPITA OR INSTITUTION B'W.	L (If not in hospital, g		o. Hosp.		STREET ADDRES		1			ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Fir	JULIU	Middle JS		Mosher	1	DATE OF DEATH OC	Month TOBER		3 Doy	Yeor 19 61
	SEX Male	6. COLOR OR RACE WHITE	WIDOWE		ED []	APRIL 4	187	<u>/4   8</u>		Months Da		_
		N (Give kind of work in Africa	dane 10b. K	SEAFOOD		MARY.	LANI	ס			S.A	COUNTRY?
13.	FATHER'S NAME  JOSI	ан Мозн	ER			14. MOTHER'S MAID: $ELLE$						
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR I yes, give war at dates of p		-03-4602	and a		SHEF	R, CR.	Address ISFIE		Mar y	LAND
	PART I. DEAT	mediate	Des	certral	1 The Orter	oschrose	·			<	Val	ETWEEN DEATH
CERTIFICATION	PART II. OTHI	ER SIGNIF CANT CON				OT RELATED TO THE T				IN PART 1(	PERF	AUTOPSY ORMED?
MEDICAL CER	(IF EITHER, NOTIFY A	AEDICAL EXAMINER)	20d IN While of work	JURY OCCURRED Not while	20e PLACI foctor	OF INJURY (Home, y, street, office bldg.)	form, 20	Of. (City or tow	/n)	(С оы	nty)	(Stote)
		(1) (this haspitaled alive an 10				ATTENDING _	MED DIRECT	from the c			ate state	
	22c PHYS CIAN S NAME (Type)	N. BAR	R, M	ſ.D.		22d ADDRESS C	RISI	FIELD	, Mar	YLAN	D	
	BURIAL, CREMAT ON	OCT 6	1961	23c NAME OF CEM ASBURY	M. E			LOCATION (CRI	SFIEL	• •	(St	ate)
24.	FUNERAL PRECTOR'S	SIGNATURE	0	ADDRESS	eA -	250.		REGISTRAR	25b, REGISTI		ATURE	



AND STATE DEPARTMENT OF HEALTH

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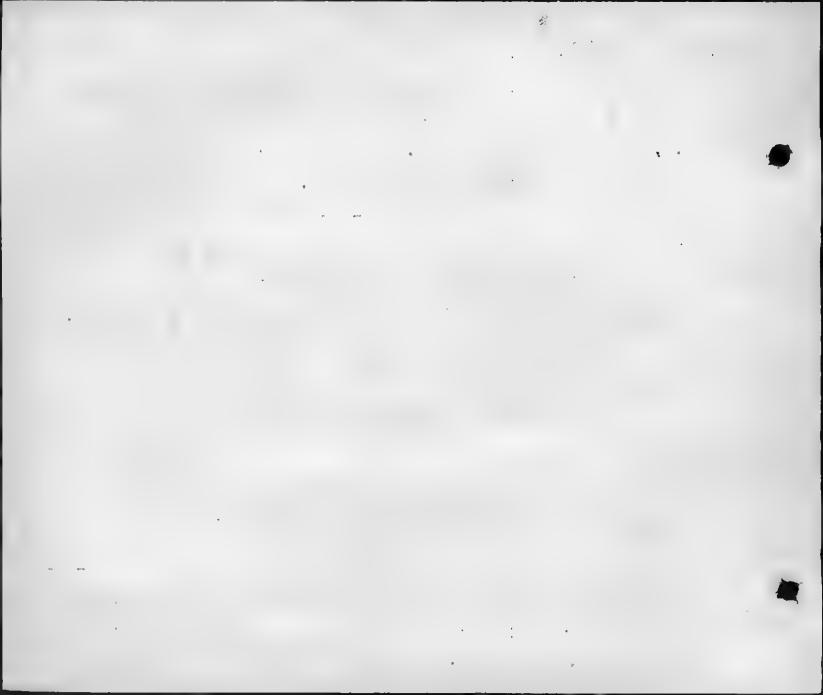
TO HOST AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, tithin 24 hours after death. 1938 4 may be retained by the hospital or attending physician.

TO FÜNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, dremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7,61

	UNKLINE STATE II	SEWE IMPLIED	CHEALTH	
<b>DIVISION OF STATISTICAL</b>	RESEARCH AND RECORD	s, 301 W. PRESTON	STREET, BALT	IMORE 1, MARYLAND
11873	CERTIFICAT	E OF DEATH		11857

Ш	77019				
٩	PLACE OF DEATH	3		E (Where deceased lived, If institu	thon; Residence before edmission)
1	SOMERSET	MARYLAND	a. STATE M.	ARYLAND b. COUNTY	SOMERSET
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	E. LENGTH OF STAY IN 16	·	autside corporate limits, write RUR	(AL end give neerest town)
ı	0	9 DAYS	<b>^</b> .	Marion Stati	ON,
7	d. NAME OF HOSPITAT OR INSTITUTION (If not in hospit	al, g ve street address)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
J	E.W.McCREADY MEMORIA	L HOSP.	J	P. O. Box 232	YES NO
1	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Yeer
ı	(Type or print) HARR		NE SR.	DEATH OCT	20 19 61
1	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH 187	9. AGE (In years IF U last birthday)	NDER 1 YEAR IF UNDER 24 HRS.
	M WIDOWED	DIVORCED 0	3-14-1/87/3	. 82 yrs.	mins boys nous min.
	10a. USUAL OCCUPATION (G ve kind of work done during most of working life, even if refired)	O OF BUSINESS OR INDUSTRY	H BIRTHPLACE (Count	y & Stale, or foreign country)	2. CITIZEN OF WHAT COUNTRY?
	Sawyer Li	umber	MARTON	STATION MD	USA
V	13. FATHER'S NAME	1	4, MUTHER 5 MAIDEN I	YAME .	
1		YNE	Mary Strau		
	(Yes, no, or unkown)   (If yes give wer or detes of service)	OCIAL SECURITY NO. 17 INT		Address	
	- JAKATA ONAL	2-16-1612 NEL	LIE PAYN	E MARION STA	TION MD
	18. CAUSE OF DEATH [Enter only one cause per line	1 1			
	IMMEDIATE CAUSE (a)	K ACT X	feet Ce	relial Herent	p Oct 8 61_
١	44 X DUE TO O P.		2.000	2. 1. 1. 1. 1.	4
	Conditions, if any, which (b)	worke Kind	mejara Ca	line Digitates	a Jews
	(a), steting the underlying DUE TO	ul artis	Da D		
	cause last			_	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	EIBUTING TO DEATH BUT NOT I	RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN I	PERFORMED?
					YES NO
Ī	OR CONTRIBUTING CAUSE OF DEATH	HEE HOW INJURY OCCURED. (I	Enter neture of injury in P	ert f or Part II of Item 18.)	
-	ZOc. TIME OF INJURY Month, Day, Year 20d. IN. Hour e.m. While		OF INJURY (Home, farm y, street, office bldg., etc.		(County) (State)
ı	p.m. 19 st work	et work			
	21. I certify that (i) (this hospital) attende			19 56 10 UCT 20	
-	saw the deceased alive on. UCT 20	190, and that d	leath occured at	2.M, from the causes and	on the date stated above.
1	22a. SIGNATURE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STAFF	22b. DATE SIGNED
1	Jevres & Evills	MC.	PHYS. D	RECTOR PHYS.	10-20-61
	NAME (Type)	ann a man an MD	16	. 0.	
		OULBOURN MD	CREWAYORY	N STATION, M. 23d, LOCATION (City, town of	ARYLAND (State)
	REMOVAL (Specify)			Marion Station	
	Burial Oct. 23, 1961	ADDRESS		'D BY REGISTRAR ZSb. REGISTE	
				V n = 104	
	Bradshaw & Sons, Crisfield,	1ºAAs	DATEUL	125'61 Cirthun	2. S. France



11874 **CERTIFICATE OF DEATH** Rea, Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. COUNTY Maryland **b. COUNTY** Somerset MARYLAND Somerset b CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Princess Anne life Rural Princess Anne d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES IN NO NAME OF Middle 4. DATE Yeor DECEASED C. October 1961 (Type or print) Amanda Sanders DEATH 12 IF UNDER I YEAR IF UNDER 24 HR 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) female white DIVORCED [7] WIDOWED TO Mav 82 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Pusev Martha Taylor 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Orval Sanders, Salisbury, Md. 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] INTERVAL BETWEEN 2months PART I, DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (o) **DUE TO** arterionephrositerosis vears Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) 19. WAS AUTOPS Y PERFORMED? malnutrition YES TO NO TO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg , etc.) 6. m. Not while of work of work 21. I certify that I attended the deceased from AUE 10-11-61 lpm , and that death accurred at\_\_ M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) Maryland Quarter. ACTUAL Dames SutterMD BETTER TANKS NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Slote) 10/14/61 St. Andrews Princess Anne, Md. ADDRESS 28: FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Princess Anne, Md parell Uniw: S. Fires

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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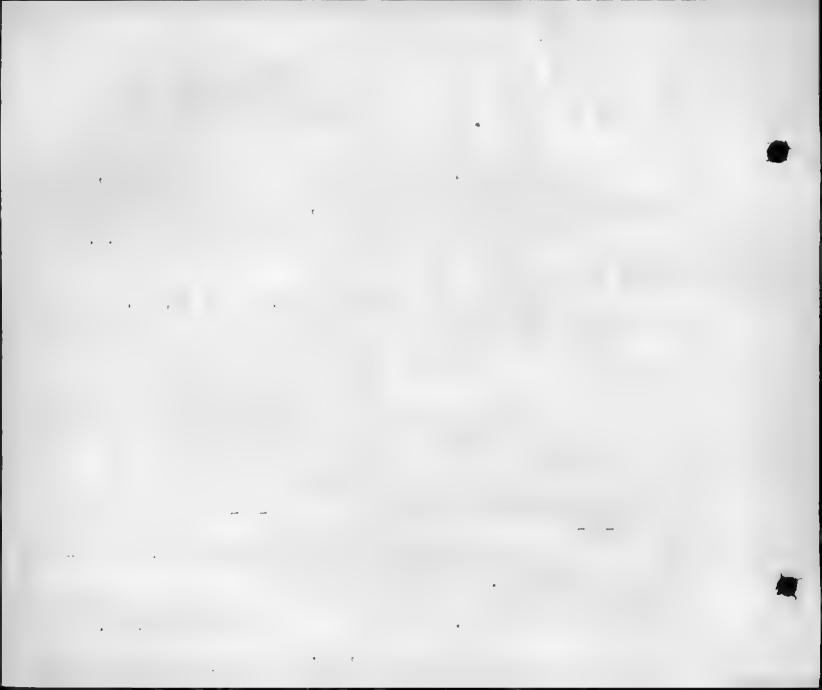
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the registrar

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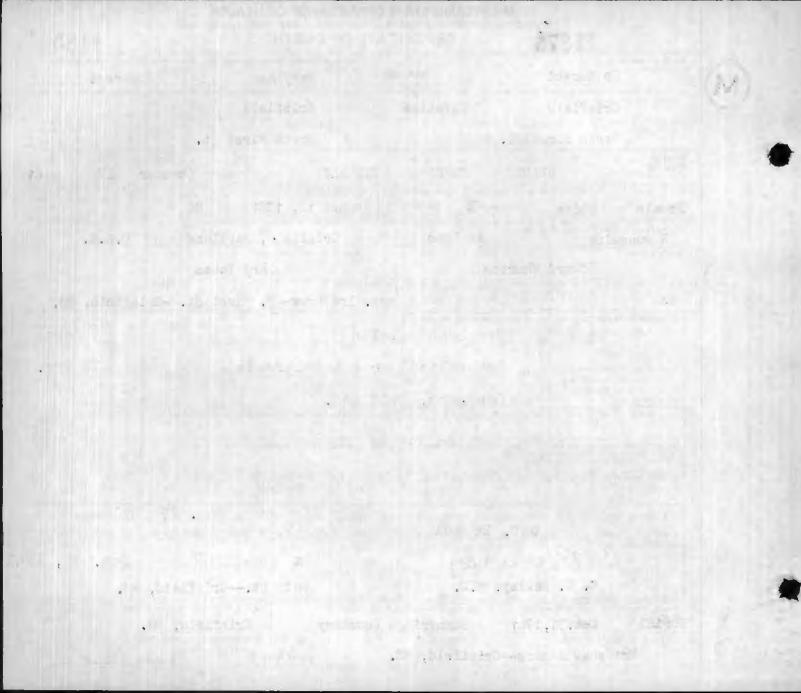


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o. COUNTY So merset MAR	RYLAND 2. USUAL I	Maryland	L COUNTY	Somerset		
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Crisfield  'Lifetim	1 1 1 1	OR TOWN (If outside cor Crisfield				
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION North First St.	d/STRE	North Fire	t St.		e. IS RESIDENCE ON A FARM? YES NO T	
3. NAME OF First Middle Company of TAWES TAWES	STEWAR	Lost 4. DATE OF DEAT		er 27	y Yeor 19 <b>61</b>	
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCE  White WIDOWED DIVORCE		312, 1881	A STATE OF THE PARTY OF THE PAR	FUNDER 1 YEAR Manths Days	Hours Min.	
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  H ousewife  At Home		risfield, Ma		U.S.A	WHAT COUNTRY?	
13. FATHER'S NAME  Edward Wharton	14. MOTH	ER'S MAIDEN NAME Mary	Tawes			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N  [Yes, no, or unknown] [If yes, give wor or dates of service]		Lows-N. Fi	rst StC		l, Ma.	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cerebral e  332 X DUE TO	embolus				ERVAL BETWEEN ET AND DEATH CAYS	
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last.  Conditions, if any, which (b) Generalize (b) UE TO (c) Gangrene,  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	left leg.		ASE CONDITION GIVE		2 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter note	re of injury in Port I or P	ort II of item 18.)		PERFORMED? YES NO	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of work of work	20e. PLACE OF INJU foctory, street, o	RY (Home, form, 20f. (C)	ity or town)	(County)	(Stote)	
21. I certify that (1) (this haspital) attended the deceased from July 25 160, to Oct. 27, 1961, that (1) (we) last saw the deceased alive an Oct. 26 1961, and that death accurred at 9 A.M., from the causes and on the date stated above.  22b. SIGNATURE						
22c. PHYSICIAN'S	M.D. ATTEN PHYS. 27d. A	ODRESS		Oct.	SIGNED	
NAME (Type) C. G. Rawley, M.D.  230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEI	METERY OR CREMATOL		-Crisfield,		(State)	
Burial Oct. 31,1961 Sunnyri	dge Cemeter	y Cr	isfield, M	RAR'S SIGNATUI	RE	
Bradshaw & Sons-Crisfield,	Md.	DATE NOV 3		hun & Krai		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 11876 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COUNTY Somerset MARYLAND Md. Somerset b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) RURAL and give nearest town) Vetnon Mt. Vernon d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First Middle 4. DATE Month Day Vida Williams Scott Oct. 61 (Type or print) 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Barthdoy) female white Months Days Oct. 6,1877 WIDOWED I DIVORCED T 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? nousewile Marvland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John S. Scott Lucy Dayton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Brice Williams, Mt. Vernon, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cerebral hemorrhage days DUE TO Conditions, if any, which cerebral arteriosclerosis vears gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) Hour o. Ja. factory, street, office bldg., etc.) While Not while at work at work p. m. June 1961 21. I certify that I attended the deceased from, that I last saw the deceased Oct olive on and that death occurred at\_\_\_\_\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE M.D. Dames Cuarter, Maryland C.SutterMD PHYSICIAN'S NAME (Type) Everett 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Asbury Cemetery Mt. Vernon, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Princess Anne, Md PATE

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